

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	9/24/00
O.I.P.E. CLASSIFIER	RSD	71531	9/29/00
FORMALITY REVIEW	<i>[Signature]</i>	71531	11.9.00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	71531	12.20.00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/28/03
2	✓	✓	9/16/03
3	✓	✓	9/16/03
4	✓	✓	9/16/03
5	✓	✓	9/16/03
6	✓	✓	9/16/03
7	✓	✓	9/16/03
8	✓	✓	9/16/03
9	✓	✓	9/16/03
10	✓	✓	9/16/03
11	✓	✓	9/16/03
12	✓	✓	9/16/03
13	✓	✓	9/16/03
14	✓	✓	9/16/03
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If more than 150 claims or 10 actions  
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